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APPLICANTS

Leslie Fernandes, La Canada, CA;
 Arnaud Amy, Creteil, FRANCE;

** CONTINUING DATA *****
none pl

** FOREIGN APPLICATIONS *****
none pl

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 6	TOTAL CLAIMS 30	INDEPENDENT CLAIMS 3
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Verified and Acknowledged
 Examiner's Signature _____ Initials _____

ADDRESS
 34018
 GREENBERG TRAUIG, LLP
 77 WEST WACKER DRIVE
 SUITE 2500
 CHICAGO , IL
 60601-1732

TITLE
 BLEED LEAK DETECTION SYSTEM

FILING FEE RECEIVED 1280	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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